

MAT Trainers – Observations, Challenges, Solutions

03/03/08

It is official:

Effective **MARCH 6, 2008** the requirement for “...interim refresher training practice demonstrations annually” has been deleted from the *Standards for Licensed Child Day Centers*. I have attached a revised MAT Participant Certificate for you to use beginning March 6th. The revised certificate no longer contains the requirement for an annual demonstration; however, please note that the retraining every 3 years is still a requirement.

MAT Trainer Observations:

Great Ideas: You may find it helpful to implement one, some or all of these ideas!

- Have participants use sticky notes to make “tabs” for important pages in the MAT Handout Notebook
- Give each participant “sheet protectors” in which to insert the **Five Rights** (Handout 4.3), the **Medication Administration Phases** (Handout 4.5), the **Sample Written Medication Consent Form** (Handout 2.4) and the **Log of Medication Administration** (Handout 2.5)
- Color-code the modules – print each module in a different color
- Use a highlighter to mark the **5 Rights** on the written consent form
- Use a timer to “start and stop” activities on time
- Include the numbered boxes

7

 from the written consent form on the flip-chart when discussing MTDRC
- Make a container (bowl of soapy water, plastic bag lined box, etc.) available in which participants can place used/dirty tools during the practice sessions
- Take the **Medication Administration Phases** sheet (Handout 4.5) and cut off the top half (Preparation Phase) and the bottom half (Documentation Phase). Supply a set of these cut-outs to each participant to use with Handouts 5.1 - 5.18 during the practice sessions and testing.
- PowerPoint Presentations – when the trainer does not have access to a laptop and projector
 - Three-hole punch the full pages of each slide, place in a three-ring binder and prop the binder (on the horizontal) beside, near the TV; flip the pages as you progress to ensure that participants are on the correct handout page.
 - Attach individual pages of the PowerPoint presentation to your flip-chart.
 - Have transparencies made of the PowerPoint presentation if you have access to an overhead projector.

MAT Trainers – Observations, Challenges, Solutions

03/03/08

Observations:

- Few trainers are mentioning/referencing the *Trainer's Tips* written in the curriculum.
- Few trainers are specifically referring participants to the *Glossary*. The Glossary handout can be a very useful tool for participants when they return to their programs.
- Some trainers are not doing the scenarios/activities. Please complete all the scenarios/activities. "Practice makes perfect!" Pair the participants for completion of the activities. Working in pairs facilitates problem solving.
- Many MAT Trainers are not using the *PowerPoint* presentation. Even if you do not have a computer/projector, everyone has a hard copy of the MAT presentation. ***The PowerPoint presentation is intended to keep you and the participants on track and on time.***
- Few MAT Trainers are remembering to replace Handout 7.3 with updated information regarding the EpiPen (Module 7).
- Few MAT Trainers are showing the **SafetySack** as one method of keeping the EpiPen "locked" but accessible to staff.
- The Oral Medication Practice session (Handouts 5.1 – 5.8) **cannot** be completed in **20** minutes as stated in Appendix E, *Procedures for Participant Practice Time*. Plan on at least **45** minutes. Once the participants get the first practice session "under their belts", the other practice sessions can usually be completed within the designated timeframe. The more time, supervision and direction provided during the practice sessions the less time spent in re-testing the participants at the end of the day. See more about the oral medication practice under "suggestions".
- Participants should not routinely be asked to "pretend". For example, they should not "pretend" to take gloves on and off. Gloves (in several sizes) should be available to wear during practice and during testing. Nor should participants be asked to "pretend" that they have a child. Be sure to use the manikins/dolls for practice time.
- Some participants have really large hands! Please provide gloves in several sizes including LARGE.
- A "working lunch" does not work. It is difficult for participants to eat and concentrate on the video. Provide a 30 minute BREAK (no training during this time)
- The MAT Curriculum must be delivered **EXACTLY** as written. There are no "short cuts" and no material that can be condensed. However, Module #5 can be moved (see "Suggestions" re: Module #5). The MAT course is going to last at least 8 hours, depending on the abilities of your participants, and may take as long as 10 to 12 hours.
- Carefully review Handout 5.3, *Oral Medication...Sprinkles*. The food (only a small amount) should be in the container (bowl, cup) **before** you open the capsule and empty the contents.
- Carefully review Handout 5.7, *Oral Medication...Dropper*. The correct way to demonstrate the use of the dropper is to pull out the dropper and empty the dropper of all contents; squeeze and (while still squeezing) place the tip into the

MAT Trainers – Observations, Challenges, Solutions

03/03/08

medication; slowly release as you withdraw the medication...but don't stop squeezing until the dosage is correct.

- Reinforce during the practice session the correct hand placement for administering eye drop and/or eye ointments. The participant's dominant hand (holding the medication) should be placed on the child's forehead; the non-dominant hand should be used to gently pull down the lower lid to make a pocket. This method can be "tricky" – the trainer should closely monitor each participant during the practice session to be sure he/she is positioning the hands correctly.
- Be assertive! Rather than asking the participants when they want to take a break or what they want to do, etc. (they don't have a point of reference) make the decisions and act decisively. **You** are the authority on facilitating the MAT class!
- Some MAT Trainers are waiting until participants begin to finish the written test before starting the skills demonstration. Before starting the written test, have the participants draw cards (#1 - #8) to determine the order for the Randomized Skills Demonstration. Pass out the written test. S-P-R-E-A-D out the participants. Alternate versions (A, B, C) of the written test. Once everyone is settled, begin the Randomized Skills Demonstration and Liquid Measurement Demonstration. This is a timesaver!
- When having participants pull a card for the Randomized Skills Demonstration (#1 - #14), the card must be returned to the stack before the next participant is allowed to select a card. Whenever a participant chooses a skill, he/she must have all 14 cards available to choose from. If a participant fails the first skill that is selected, the participant must be allowed to choose from all 14 cards again. The selection must always be random and must always be drawn from cards #1 - #14. The same procedure applies for the Liquid Measurement Demo (#15 - #17).
- When evaluating the Randomized Skills Demonstration – be sure that you are close enough to see and hear everything that is going on.

Suggestions:

- Visit a site before agreeing to facilitate a class at the location to be sure that the space is adequate. Adult seating and tables are required. At least a 19" TV screen is required. Do they have a working DVD player; video player? Work out the details (lunch, breaks, and documentation of first aid/CPR certification) BEFORE the day of the class.
- Take time to introduce yourself, include your education, experience and background. It can be difficult to "toot your own horn" but participants need to understand that you know what you are talking about! This is also the time and place to differentiate between a Health Care Professional (you) and a Licensing Inspector (VDSS)...more on that later.
- Spend a little more time having the participants share a little about themselves, especially if they are not all from the same program. You will be spending a long time together during this class. Value who they are and what they bring to the table.
- Spend a little more time explaining that the MAT is "best practice"...and what that means. Our hope is that participants will take everything they learn in the MAT

MAT Trainers – Observations, Challenges, Solutions

03/03/08

back to their center/home and implement the program in its entirety; however, we realize that each facility is different and that total implementation may take awhile (or never). The *Code of Virginia* requires the training; however, the specifics of implementing what's learned in the training can be more flexible. Different child day programs have different regulations (e.g., centers, family day homes, religious exempt, etc.), which can be quite different from what's covered in the MAT. If a facility is licensed or regulated by VDSS, the applicable regulation will always “trump” the MAT.

- **Refer all participants to their Licensing Inspector for questions pertaining to licensing.** Different child day programs will also have different policies governing the administration of medication. These may be different from what's covered in the curriculum too and that's okay.

Example: The MAT requires that written medication consent forms (long-term) be updated every 6 months. This requirement is “best practice.” If a center provides care to infants (an infant changes dramatically in a 6 month period of time), every 6 months would be reasonable. However, some centers only provide care to school age children and written medication consent forms are completed for the “school term”. If a center wants to require updated written medication consent forms every 12 months that is allowed (per licensing regulations) provided the center includes this information in the center's medication policy. But, as a MAT Trainer, you teach and reinforce “best practice”.

- The more organized and structured the practice times, the more the participants will get out of the experience.
- The medications used in the practice sessions should be clearly labeled and in the appropriate boxes.
- The participants should be required to practice on/with the manikins during practice sessions. We're aiming to provide the most realistic experience possible.
- **Oral Practice Session**
 - Set up a separate “station” for each route/type of medication – utilize at least two large tables
 - Have the applicable Handout (in a sheet protector) with the correct medication on the table – this will keep the participants from having to bring all their Handouts and shuffling papers. They will need to bring only their Five Rights, Phases, Consent Form and Medication Log handouts.

ORAL (Table #1)	ORAL (Table #2)
Dosing cup	Tablet
Dosing spoon	Sprinkles
Syringe	Crushable
Dropper	Gums

- The MAT Trainer should verify the accuracy of the measure for each tool (Table #1) for each participant.

MAT Trainers – Observations, Challenges, Solutions

03/03/08

- Provide a container (bowl of soapy water, plastic lined box, bag, etc.) for soiled tools
- Provide a container for discarding liquids after verifying the proper measurement (instead of pouring the liquid down the doll's throat and/or returning to the bottle). The only liquid that should be poured back into the medication bottle is liquid poured into the "excess container" during the measuring process.
- Provide a source of disposable cups/bowls for mixing the medication with food. Be sure to have participants follow the administration steps for sprinkles. Put the small amount of food in the cup/bowl first, and then add the medication.
- Provide a source of disposable cups (small Dixie cups work well) for giving the child a drink of water and/or for using as the "Excess" container/cup when measuring liquids. The only time a participant should be using a medicine cup is to measure a liquid.
- **Move Module 5, the video skills demonstration, and the Alan Barth exercise to the end of the curriculum**
Present Modules #1 through #4, skip Module #5 and go directly to Modules #6 through #8. At the end of Module #8, take a 30 minute lunch break. When you return from break, start with Module #5 with the three practice sessions; move to the video skills demonstration; complete the Alan Barth exercise; and then begin testing. This sequence seems to really reinforce and keep fresh everything prior to testing.
- **The Alan Barth scenario is the "key" to success!** Make sure the participants understand the value of the Alan Barth scenario and using the evaluation tool to grade/evaluate each other...just as the tool will be used to grade them!
- **Review the MAT Appendixes!**
 - Appendix A: Procedures for Conducting the MAT Course
 - Space requirements
 - Appendix B: Distribution of MAT Handouts
 - You must give all participants the links to the regulations
 - Handouts 2.4, 2.5, 8.2 and 8.5 MUST be double-sided
 - Appendix C: Procedures for MAT Trainers to Administer MAT Written Tests
 - Please rotate the three versions of the test during each MAT class
 - The "script" for administering the written test is on page 3 of Appendix C
- **Special Attention Needed:**
Appendix D: Procedures for MAT Trainers to Administer Skills Demonstration Testing (*These procedures must be followed exactly as written, including the set up of the testing area.*) There is a "script" that must be followed and read before administering the skills demonstrations, see page 7 of Appendix D. Hint: One trainer put the "script" on index cards and read from the cards at the applicable time.
- **Special Attention Needed:**
Appendix E: Procedures for Participant Practice Time

MAT Trainers – Observations, Challenges, Solutions

03/03/08

- Follow the directions as written on pages 1 and 2 of Appendix E for details of how the practice is to be conducted
- Pages 2 and 3 provide the directions and “script” for the Pre-Demonstration Practice (Alan Barth) Hint: One trainer put the “script” on index cards and read from the cards at the applicable time.

Reinforcement Needed:

Be sure to reinforce the following when appropriate and prior to administering the competencies:

TIME

When performing the Five Rights, the participant must be sure that the medication is being administered at the “right time”. The right time can be

- A specific time of the day (e.g., 12:30 pm) [**7A on the Medication Consent Form**]
- A time during the day (e.g., twice daily) [**7A AND 19 on the Medication Consent Form – you will need to determine the last time the medication was given**]
- When the specific symptoms have been identified [**7B on the Medication Consent Form**]

The 3 Checks of the FIVE RIGHTS

The Five Rights always consist of checking the *Written Medication Consent Form* against the *Prescription Label on the Medication*. This check is required to be performed three times.

- The 1st check is conducted at the **MEDICATION STORAGE AREA**. The Consent Form is taken to wherever the medications are stored and used to determine/select the proper medication. Strive to make sure that the Medication Storage Area is physically separated from the Medication Administration Area. Participants seem to be getting confused about when/where to check the 5 Rights because it hasn’t been stressed in practice. [**WHY: You want to be sure that you selected the correct medication from the various medications in storage.**]
- The 2nd check is conducted immediately **before** the medication is to be administered [**WHY: Just before you are ready to apply, pour, spray the actual medication, is everything correct? You want to be sure this is the right child...time...medication...dose...route!**]
- The 3rd check is conducted immediately **after** the medication is administered and before documentation. [**WHY: This is your last chance! If a mistake was made you want to identify it as quickly as possible and take action!**]

Help the participant to understand **WHY** this is so important. In a busy child day program, mistakes can happen when staff/providers become distracted.

MAT Trainers – Observations, Challenges, Solutions

03/03/08

Documentation / MAT Paperwork:

Help!

- Please make sure that all MAT/PMAT Rosters are legible and complete.
- A Roster is legible when you can clearly read each participant's name and not have to "guess" at the proper spelling. If possible, a typed Roster is best!
- A complete Roster includes: the location (city); provider's complete name; last 4 digits of the provider's SS#; the modality of the child day program; and, the provider's final overall score (P/F/I).
- Be sure to include the location (city) where the class took place. We only need to know the city...
- Before faxing, start with a good copy. If a light color ink was used, pencil, etc. the faxed copy is almost illegible.
- Be mindful of your 10 day deadline for submitting paperwork. Getting the paperwork on day 14 isn't the end of the world, but getting the paperwork a month late messes with our statistics.
- Be sure to sign the back side of the MAT Roster.
- MAT: MAT Roster, Participant Competency Report, and MAT Evaluations from each participant.
- PMAT: PMAT Roster, PMAT Evaluations from each participant.

Information on the TIPS Calendar:

All MAT Trainers have access to placing information about upcoming MAT and PMAT training classes on the TIPS Calendar.

http://www.dss.virginia.gov/family/cc_providertrain/tips.cgi

A couple of pointers:

- You must include your name and seal # in the entry
- Each entry in the description box is limited to 250 characters – keep it brief

Small Business Information:

Several of you have had questions about starting a small business for your training program. A good resource is the Virginia Department of Business Assistance. VDBA provides an online guide that will walk you step-by-step through the process of starting, expanding or relocating a business in Virginia, including checklists, helpful tips and licensing procedures.

<http://www.dba.state.va.us/smdev/default.asp>